1	4		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR ST		1	6763 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH	1		PLACE OF DEATH O. COUNTY O. STATE D. COUNTY D. COUN
A HILL		1	CHY OR TOWN (Houtside carporate limits, write BURAL and give nearest lown)
al direct	00	, 1	S. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) G. STREET ADDRESS G. STREET ADDRESS ON A FARM? YES NO
e funer e se se con degin.		17	NAME OF DECEASED AND FIRM Middle Doy Year OF DEATH OF DEATH OF DEATH
3 to the noy be with the nor be	1	45.	6. COLOR OR RACE MARRIED PREVER MARRIED 8. DATE OF BIRTH 9. AGE (In years let UNDER 1) HOUSE 24 HRS. 101 June
2, ond and 2 and 2	1	100	USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
M3. P		43	FASHER'S NAME A TO DESCRIPTION OF THE STATE
Sive Pour form P File po		1S.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. Address Address
g vilh din on			18 CAUSE OF DEATH [Enter only one couse per line tog (o), (b), and (c).]
in them ce alon ansit p	V	7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROBLEM TO PROBLE
pendil 's Officerno			Conditions, If any, which (b) TREE TELL OIV HEAD
snoore grin aminer		7	(a), stating the underlying Due 10 (c) WHILE CUTTING TIMBER 6-17-17 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLTPSY
pendir cal Ex used cremot	0	TCATIO	PERFORMED? YES NO
word " f Mediut be utd be utd be uniat, a		L CEPTIF	200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D 200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) CAUSE OF DEATH. THE FELL DN HEAI)
ng the re Chie	08	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a.m. P. m. O 1 19 7 19 7 of work of w
AAmiritis d to the R: Pog nt. pri			21/1 certify that I took charge of the remains described above, held an Autopsy . Inspection : Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
ifficate words			ACTUAL DATE SIGNED
At Dignate	2		SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
UNER ITS des		374	NAME (Type) OEPUTY MEDICAL EXAMINER (2) FURIAL, CREMATION, 22b. Date THEREOF (Slote) 22c. NAME OF GRMETERY OR CREMATORY (22d. 10CATION (City, fown, or county) (Slote)
5 4 5		23.	FINERAL DIRECTORYS SIGNATURE ADDRESS & 240. REC'D BY REGISTRAR 246. REGISTRAR 246
5. A15ME 5M 2/57	6%		Mehort Inc de plala tohn JUN 2 3 '58 Que ferrich
			V

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 6764 Reg. Dist. No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) RUPAL and give negrest town] 0 URAL URIAL d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? THEROUTE YES DE NO NAME OF Final Middle 4. DATE Month Day Year DECEASED 10015 (Type or print) DEATH UNE 20 1950 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Days W-U.S. DIVORCED | WIDOWED IT yrs. popers. comp 10b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) and corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM BURLH HENRIETTA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ARS. EDWARD MURPHY: HUGHESVILLE, 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) þ OUX permit. Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underpuo lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) 0. 11. While Not while at work -at work p. m. 1951, to LOWE 20, 1952 that I lost saw the deceased , and that death occurred at 1145 A.M. from the couses and on the date stated above ADDRESS (Street, city or town, state) ACTUAL P PHYSICIAN'S NAME (Type) ESUILLE MI FUNE 226 DATE THEREOF 22a. BURIAL CREMATION. 22c. MAME OF CEMETERY OR CREMATORY 22d COCATION (City, Jown, or county) (Stote) EMOVAL (Specify)

ADDRESS

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

2 E Q D 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

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,		_	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hour office devi-	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6765 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If bulside corporate limits, y C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside copporate limits, write-RURAL and give nearest town) alada d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED 9. AGE In years IFUNDER TYEAR IF UNDER 24 HRS. fost birthday) Hours Min. WIDOWED [DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State of foreign country) 2. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT (If yes, give war as dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which) gove rise to immediate couse DUE TO (o), stoting the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[0][19. WAS AUTOPSY PERFORMED? YES 🗍 NO [200. EXTERNAL CAUSE WAS PRIMARY OF OCONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry opinion death resulted from: Natural causes 124 Accident Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL M.D. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER IT NAME (Type) 220. BUAJAL, CREMATION 226. DAJE THEREOF 22d. LOCATION (City, town, or county) EMOVAL (Specify ADDRESS EUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

to the state of th

Item 18 Film 2 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

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6/9/58

(Stote)

before admission)

E	6766	AL LAMINITALE .	CERTI	TICALL OF	DEATH	Reg. Dist. No.
PT.	1. PLACE OF DEATH o. COUNTY Charles	MARYLAND		SIDENCE (Where decease Maryland		on: Residence before Charles
	b. CITY OR TOWN (If outside corporate fimits, write RURAL and give represt town). Walliers	c. LENGTH OF STAY IN 16		R TOWN (If outside corp	orote limits, write F	IURAL and give ne

ond give regrest for Wall		e RURAL C. LEN	GTH OF STAY IN	c. CITY OR TOWN		rote limits, write	RURAL and giv	e nearest town)	
d. NAME OF HOSPI	TAL OR INSTITUTION	lf not in hospital, gi	ve street oddress)	d. STREET ADDRES	5			e. IS RESID	
3. NAME OF DECEASED (Type or print)	DOYLE	at	Middle J.	CHASE	4. DATE OF DEATH	Month	9.	rey Year	-
5. SEX	6. COLOR OR RACE	7. MARRIED I	DIVORCED	8. DATE OF BIRTH	1954	AGE (In years lost birthday)	Months Doy		-
10a. USUAL OCCUPAT during most of worki	ON (Give kind of working life, even if retired)	done 10b. KIND Of	BUSINESS OR INC	DUSTRY 11. BIRTHPLACE ISI	or foreign con	only)	12. CITIZEN	OF WHAT CO	UNTI
13. FATHER'S NAME TOSEP!	Gre	enf.	eld.	14. MOTHER'S MAIDE	N NYWE	hase			
15. WAS DECEASED E	VER IN U. S. ARMED FO	service) # /	SECURITY NO. 1	EMILY C	hase	, Wall	dorf	Md	
PART I. DE/ 5 2 5 Conditions. If gove rise to immu (e), stoting the couse lost.	underlying DUE TO	Inter	rstitial	Pneumonitis			C	VTERVAL PETWEEN INSET AND DEATH	
PART II. OT	HER SIGNIFICANT CON	DITIONS CONTRIBU	ITING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(d	PERFORM	
70.	INTRIBUTING	06. DESCRIBE HOW	INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II a	f Item 18.)			
20c. TIME OF INJU		While		PLACE OF INJURY (Home, fractory, street, office bldg.,	form, 201, (City o	or fown)	(County)	(2	State
	hat I took charge resulted from:			above, held an Autont		pection, , Undete	Inquiry (, and i	

	/					
ACTUAL SIGNATURE	Willia	Vandt	M D	CHIEF MEDICAL EX	AMINER -	DATE

ASSISTANT MEDICAL EXAMINER EXAMINER'S William V. Levitt, Jr., M.D. DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY 72d. LOCATION (City, town, or county)

> 246. REGISTRAP'S SIGNATURE 24c. REC'D BY REGISTRAR '58

in necessary, please al director. Page for your files. death. If any delay 2, and 3 to the fune Page 5 may be retained 1 and 2 with the Str within 72 hours ofter MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after a certificate, writing the ward "pending" in penal in Item, 18. Give Pages 1, farwarded to the Chief Medical Examiner's Office along with form PM3. P. D.RECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 or removal, and in any event cremotion. designated agent, prior to burial, TO FUNERAL TO DEPUT execute 4 shou 20 MS. A15ME 5M 2/57

23. FUNERAL DIRECTOR'S SIGNATURE

selent. CRITISHS Kerna Toda I The Control of the State of t A P TO THE RESERVE OF THE PARTY OF THE PARTY

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed the certificate, writing the word "pending" in pendi is flem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should form the chief of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Load of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. AISME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6767 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06760

0408	Reg. Dist. No.	
PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before	re odmission)
Charles MARYLAN	o STATE Maryland b. County Charles	
b. CITY OR TOWN III auticle corporate limits, write RURAL and give hearest town) Hughesville C. LENGTH OF STAY IN 11 DURING WORK	The second of th	prest lown)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?
NAME OF First Middle DECEASED	Losi 4. DATE Month Day	Year
(Type or print) JOSEPH WILLIAM CHASE	DEATH June 20	1958
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		
Male Negro WIDOWED TO DIVORCED	Aug 12, 1902 55 yrs. Months Days	Hours Min.
Do. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	WHAT COUNT
Laborer Sawmill Labore	r Maryland U.S.A	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Willie Chase	Louise Warren	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	. INFORMANT Address	
Yes, no, er unknown) Ill yes, give wor er dates of service) 213-22-0860	Catherine Edelen, Bryantown, Md.	
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		AL BETWEEN
PART I. DEATH WAS CAUSED BY	ONSET	AND DEATH
IMMEDIATE CAUSE (0) FRACTURE.	DISULL ISASAL; MIDDLE 4	15 mi
900.3 DUE TO		
AND ANTEL	RIOR FOSSAE	
(B)	707	
gave rise to immediate cause (a), stating the underlying DUE TO		
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.	WAS AUTORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. EXTERNAL CAUSE WAS REMARY IN OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.		PERFORMED?
200. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS STAIRWAY APPROXIMATE STAIRWAY AP	Enter nature of injury in Part I or Part II of Item 18.) FELL FROM MATELY 15 FEET IN MILL BOILL DON EDGE OF WOODEN BEA	ER PLA
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 120f, (City or fown) (County)	(Stote)
6/20 1958 While Not white S	actory, street, office bldg., etc.) HUGHESUILLE, CHA	ARLES, 1
21. I certify that I taok charge of the remains described of	-nonne	
	A A	and in n
opinion death resulted fram: Natural causes, Accident	t 🔯, Suicide 🔲, Homicide 🔲, Undetermined monner	
0 2 11 11 11 11		DATE SIGNED
SIGNATURE John H. Gerffen	M.D. CHIEF MEDICAL EXAMINER	DATE STOTED
EXAMINERIS JOHN H. GREFIN	ASSISTANT MEDICAL EXAMINER ()	21/50
20. BURIAL CREMATION 1226. DATE THEREOF 1220. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stole)
Burial 6/23/58 St Mary's Ce	emetery Bryantown, Md.	
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
The Huntt Funeral Home, Waldorf, Md.	DATHIN 2 4 '58 Placeuch	

S. II. Charles Constitution The state of the s

FOR STATE HEALTH DEPT.

PERUTY MEDICEL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any delay is necessory, please score, if certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the functed director. Page that forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reformed for your files. UNE ALL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the 51 and of Health, its designated agent, prior to buriol, cremation, or remoral, and in any event within 72 hours after details. ö

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6768 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

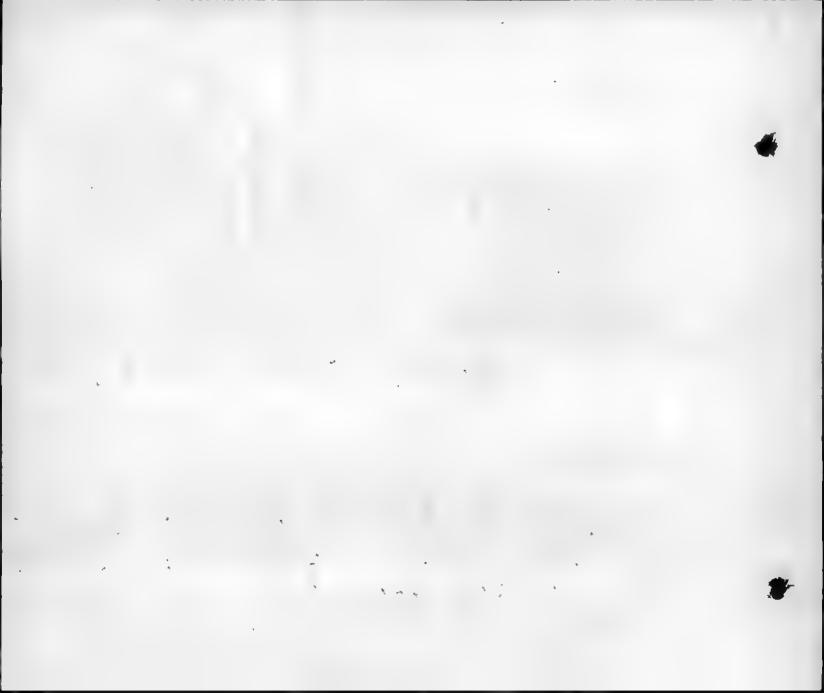
Reg. Dist. No. 06761

1. PLACE OF D	EATH					n Residence before admission)	
	Charles	MARYLI	o STATE	• STATE Maryland 6 COUNTY Charles			
and give ne	OWN (if outside corporate limits, write if ratest fown) Tobacco	10 yrs		R TOWN (If outside car t Tobacco	porote limits, write Ri	JRAL and give nearest town)	
d NAME OF	HOSPITAL OR INSTITUTION (IF	nat in haspital, give street address)	d. STREET	ADDRESS		IS RESIDENCE ON A FARM.	
None	e]]			YES NO A	
3. NAME OF DECEASED (Type or prin	evangelin	Middle L. (ARDINER	4. DATE OF DEATH	June	23 Year 58	
5. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B DATE OF BIRT	н		FUNDER TYEAR IF UNDER 24 HRS	
Female	Cau	WIDOWED DIVORCED	January	3, 1915	43 yrs	Aanths Days Hours Min.	
10a USUAL OC	CUPAT ON (Give kind of work do	ne 105. KIND OF BUSINESS OR IN	OUSTRY 11 BIRTHP	LACE (State or Fareign o	country)	12. CITIZEN OF WHAT COUNTRY	
Housew.	of working life, even if retired) i.fe	Self	Hugh	esville, Mo	i.	U.S.A.	
13. FATHER'S N			14. MOTHER'S	MAIDEN NAME	Marie de la company de la comp	1 000000	
Wi 11:	iam J. Lyon		I	sabelle Chi	ing		
15. WAS DECE	ASED EVER IN U. S. ARMED FORCE		17 INFORMANT		Address		
No. no. or unknow	(A)	vice)	George I	. Gardiner	Port Tob	acco, Md.	
	OF DEATH Enter only one couse	per line for (a), (b), and (c)				I NTERNAL BETWEEN	
		intracranial Inj	rv. careb	ral concus	sion	8 hours	
1 903.	DUE TO	Tite actourar 1	00100	2 342 3 3 7 1 3 4 5 1		- Dilouis	
gove rise I	s, if ony, which (b)						
(a), slatin	g the ondertying						
	10-5	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEAS	E CONDITION GIVEN	PERFORMED?	
5	till etter time	DESCRIPTION IN THE PARTY OF THE	NP III			YES NO	
CAUSE OF	LOT CONTRIBUTING LI	pescribe how injury occurring the compact of the co	ipped & fe	ell, striki	ng occipit	af protuberance	
3 20c. TIME (PLACE OF INJURY factory, street, affic	(Hame, farm, 20f. (City		(County) (State)	
12:30	pm. June 23 1958	3 While Not while of work 15	Hone	Po	rt Tobacco	Charles, Md.	
21. I cer	tify that I took charge o	of the remains described	above, held ar	Autopsy . I	nspection 🛣	Inquiry A and in my	
opinian	death resulted from: No	aturol causes []. Accide	ent 🔀, Suicio	le [], Homicide	Undetern	nined manner	
ACTUAL SIGNATUR	e John.	H. Guffe		MEDICAL EXAMINER		DATE SIGNED	
EXAMINE NAME (Ty	JOHN H. GRIFF	IN, M.D. Act		ANT MEDICAL EXAMINE MEDICAL EXAMINER		6/24/58	
220 SURIAL CE REMOVAL Buria	EMATION, 226 DATE THEREOF (Specify) 6/26/58	St Marys Co		_	TION (City, fown, or yantown, M		
23. FUNERAL DI	PECTOR'S SIGNATURE	ADDRESS		240 REC'D BY REGIST		TAR'S SIGNATURE	
The Hu	ntt Funeral Home	, Waldorf, Md.		DATEJUN 2 7 '5	58 Res	earch	



6769 CERTIFICATE OF DEATH Reg. Dist. No. I director, filed with Page 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) COUNTY o. STATE 6 COUNTY MARYLAND death. 5 b CITY OR TOWN (If outside corporate limits, write be c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pronid M d NAME OF HOSP TAL (If not in happital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM haurs YES THINO NAME OF First Middle 4. DATE Lost Month Year Day DECEASED (Type or print) DEATH 195 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years lost birthday) Months Dovs Hours Min WIDOWED [7] DIVORCED | papers. yrs USUAL OCCUPATION [Give kild of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHRIACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY death. during most of working life, even if retired and corban ofter FATHER'S NAME physician haurs 0 OLL WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address ding CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2MOS σX DUE TO ٥ Conditions, if ony, which gned gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO'R 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of ifem 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) g. m. While Not while 19 ot work 🔲 of work 21. I certify that I attended the deceased from that I last sow the deceased .M. from the causes and on the date stoted above alive on and that Geath accurred at ADDRESS (Street, city or town, stole) ACTUAL - 64 C No. PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) page REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 24b REGISPRAR'S SIGNATURE VS A15 [4] 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

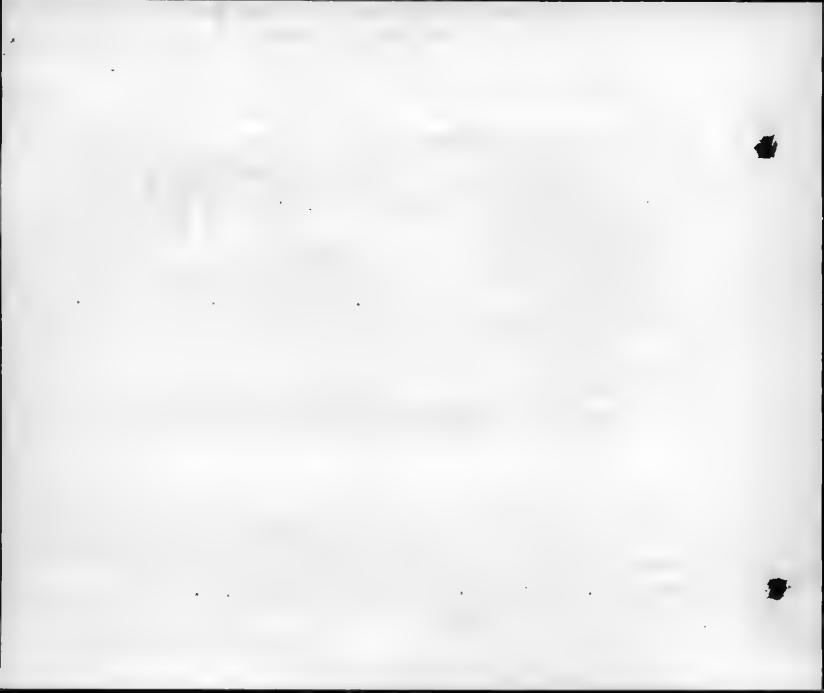


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. EALTH DEPT. PLACE OF DEATH/ 2. USUAL RESIDENCE (Where deoposed lived. If Institution Registence before) admission) a. COUNTY files. Health, **b.** COUNTY MARYLAND b. CITY OR TOWN III c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) of d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4 DATE Middle Lost Month Year DECEASED OF (Type or print) DEATH 19 12 5. SEX 6. COLOR OR WACE 17. MARRIED TO NEVER MARRIED 9. AGE |In years 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HES Months Days Min. WIDOWED [DIVORCED [10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) age 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S HAME 14. MOTHER'S MAIDEN NAME 1Z INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per I ne for [o] (b), and (c). MITERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 103 DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying course last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO F 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) 20d INJURY OCCURRED 20e PLACE OF INJURY (Flome, form, 120f. (City of town) Month, Day, Year 20c. TIME OF INJURY (County) (Stota) Not while O Jaciery, signel, affice bidg , etc.) 119 at work al work p. m. 21. I Vertify that 1-toak charge of the remains described above, held on Autopsy [], Inspection ____ Inquiry 2 CTOR Suicide | 1. Hamicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINERIS** NAME (Type) YDEPUTY MEDICAL EXAMINER T FUNE 220 BLRIAL, CREMATION, 1226 DATE THEREOF 22c NAME OF CEMETERY OR 22d LOCATION (City, Jown, or adunty) (State) REMOVAL (Specify)27 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246 REGISTRAT S SIGNATURE VS. A15ME



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Page 4		PLACE OF DEATH COUNTY Charles MARYLAN	2 USUAL RESIDENCE (Where deceased lived If institution Residen	
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corba	13.	FATHER'S NAME John Edward Proffitt	14 MOTHER'S MAIDEN NAME Mary Louise Hudson	
certifica ig physi remave 72 houri	15. {Ye		Mrs. John E. Proffitt. Bryans Ros	ad, Md.
NG PHYSICIAN: The law requires that the death spital or attending physician. For this certificate has been signed by the attending for use as the burial-transit permit. Then please it, cremation, or removal, and in any event within	MEDICA, CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	roclory, street Joffice bidg. etc.) Za Hata (1)	PERFORMED? YES NO D
TO HOSPITAL OR ATTENDING WAS MAD BE referred by the hospital Programment of the hospital programment of the registrar prior to burnel the registrar prior to burnel to	2	1 / /	ADDRESS (Street, city or town, slote) M. D. La Plata, Md.	DATE SIGNE: Signe: (Stote)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

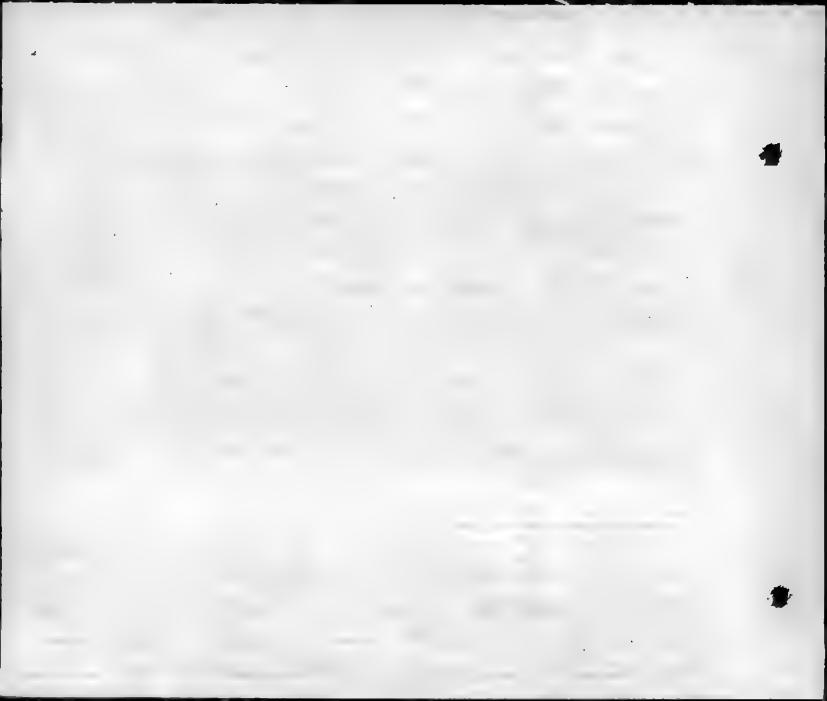


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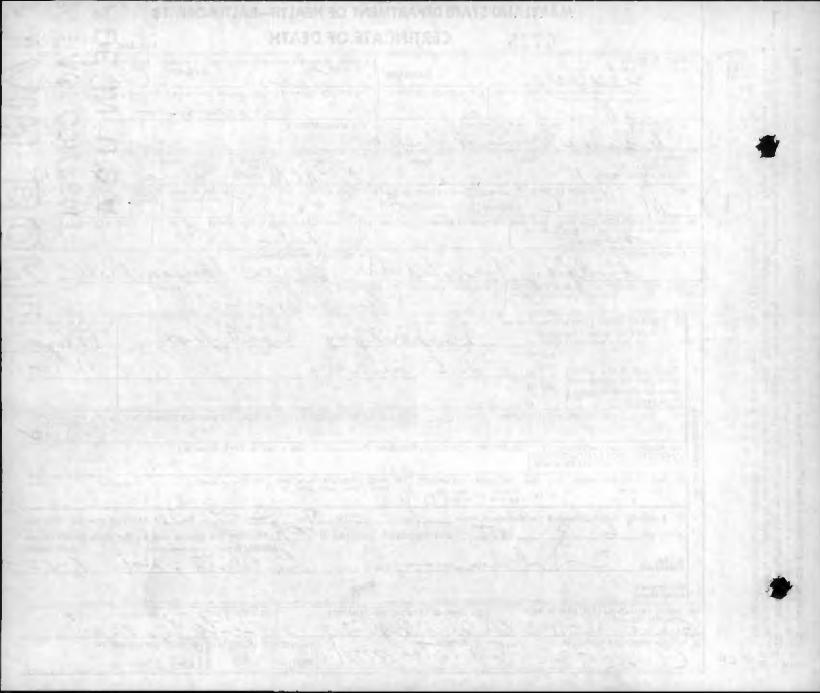


CERTIFICATE OF DEATH Rea. Dist. No. directa 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY D STATE **b.** COUNTY MARYLAND death. eral b. CITY OR TOWN IIf autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 1111 OR INSTITUTION ON A FARM? YES NO NO NAME OF Middle 4. DATE First Month Day Year DECEASED DEATH (Type or print) UNE 19,5 MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 9 AGE (In years B. DATE OF BIRTH Months Days Hours WIDOWED [Top. USUAL OCCUPATION (Give kind of work done 10b KIND OF RUSINESS OR INDUSTRY 11 RIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? -during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate INFORMANT 15. WAS DECEASED EVERYN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. If yes, give war or dates of service) attending death 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: teremo 1 62 IMMEDIATE CAUSE (a) 29.00 5 DUE TO Carlo - Vouly Rend Delacon Conditions, if any, which gave rise to immediate **DUE TO** cottse (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1P. WAS AUTOPSY PERFORMED? YES NO TH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) certificate 20c. TIME OF INJURY Doy. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (State) Not while factory, street, office bldg., etc.) CI. ID. While at work | at work p. m. 19 St that I last saw the deceased 21. I certify that I attended the deceased from 1-20 and that death occurred at M. fram the causes and on the date stated above. alive on. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 0 PHYSICIAN'S O HOSPITA NAME (Type) FUNER 22b. DATE THEREOF 22a BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	CEKTIFICATE OF DEATH	0.06769
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	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while p. m. 19 of work	County) (State)
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	actual signature ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. ACTUAL SIGNATURE	DATE SIGNED
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